

**STAT TRANSPORTATION GUIDELINES**

Date \_\_\_\_\_

- I. AUTHORITY: *Health and Safety Code 1797.204. The local EMS agency shall plan, implement, and evaluate an emergency medical services system, in accordance with the provisions of this part, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures.*
- II. APPLICATION: This policy describes situations requiring fastest possible (STAT) transport.
- III. GUIDELINES: Helicopters may or may not be the fastest method for transport; judgement of multiple factors is necessary. In general, the base hospital physician is responsible for making "medical" transportation decisions.
- A. IN EXTREMIS:
- Any patient with unmanageable airway, uncontrolled hemorrhage, or full arrest.
- B. TRAUMA:
1. Critical Trauma Victim (CTV)
- In general any patient receiving designated CTV status deserves the STAT transport.
- a. Blunt Trauma
- Consider field pronouncement if absent vital signs and documented asystole.
- b. Penetrating Trauma
- STAT transport is indicated, unless patient meets a criterion for death pronouncement by an emergency medical technician-paramedic (EMT-P).
2. Moderate Trauma Victim (MTV)
- Victims of trauma who are stable, and are not otherwise designated as critical trauma victims, **do not** require STAT transport.

ITALICIZED TEXT IDENTIFIES QUOTATIONS FROM AN AUTHORITY OUTSIDE THE OCEMS AGENCY.

C. NON-TRAUMA/MEDICAL:

Approved: \_\_\_\_\_

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Many medical (non-trauma) problems can be treated and stabilized in the field. However, certain non-trauma EMT-P responses may warrant STAT transport.

1. Acute status, and deterioration occurring (Code III situations).
2. Suspected condition which requires definitive hospital care (e.g., abdominal aneurysm, GI bleed, status epilepticus, placenta previa, etc.).